United Nations E/ICEF/2004/P/L.32

Economic and Social Council

Distr.: Limited
27 July 2004

Original: English

For information

United Nations Children's Fund
Executive Board
Second regular session 2004
13-17 September 2004
Item 9 of the provisional agenda*

Summary of midterm reviews and major evaluations of country programmes

Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2003.

Introduction

1. In 2003, midterm reviews (MTRs) were conducted in Albania, Georgia and Turkey. Of the three strategic evaluations summarized here, two provided lessons learned on rarely documented subjects related to the medium-term strategic plan (MTSP), abandonment of children in maternities and education to counter ethnic discrimination in a post-conflict situation. The third is a cost-benefit analysis of a national programme on flour fortification that had an impact on legislation.

* E/ICEF/2004/12.

04-44316 (E) 100804

Country midterm reviews

Albania

2. **Introduction**. The MTR process included data collection, periodic meetings and workshops in the framework of sectoral working groups. Three working groups assessed nine projects and integrated their findings into three sectoral reviews.

3. The intersectoral working group, created in March 2003, comprised the Ministries of Health, Education and Science, Culture, and Youth and Sport, and the National Committee of Equal Opportunities, the National Institute of Statistics, the Institute of Public Health and the Institute of Pedagogical Research. The three programme working groups were on early childhood care and development (ECCD), protection, and education and youth participation and development.

4. The MTR meeting, chaired by the Director of the United Nations Department in the Ministry of Foreign Affairs, was held on 4 March 2004 with the participation of 85 people from the Government, donor organizations, civil society, young people and United Nations agencies.

5. **Update of the situation of children and women**. Albania's annual gross domestic product (GDP) grew by 3.3 per cent in recent years, but the country remains one of the poorest and youngest in Europe. According to a 2002 survey that measured living standards, one quarter of the population lives in poverty, with an income below two dollars per day.

6. Since 2000, the health status of children has shown signs of improvement, as measured by an increase in good child-rearing practices, the growing government commitment to the health sector, including more vaccine procurement, and the endorsement of successful models and elaboration of strategies and policies. However, in certain geographic areas and population groups, there is also evidence of decline in access to, and quality of, health services.

7. In contrast, there has been a significant decline in pre-school enrolment due to the sharp deterioration of Albania's network of pre-schools. Although primary-school enrolment declined only slightly, classrooms are overcrowded and lack both teaching materials and modern child-centred teaching techniques. Recent decentralization has helped somewhat to increase effectiveness, efficiency and accountability.

8. Young people face numerous new risks. Trafficking is emerging as a significant threat due to extreme poverty, growing levels of organized crime and porous borders. There has been growing experimentation with risky behaviours, such as abuse of illegal drugs, alcohol and unsafe sex. The number of people infected with HIV has more than doubled since 2000, with an increasing feminization of the disease.

9. Albania ranks low on the gender-related development index, but the move to reconstitute the Committee on Equal Opportunities (which was created to formulate policies and coordinate non-state efforts to promote gender equality) is a positive step. The impact of the Committee could have been greater, if it been mandated to initiate legislative changes.

10. **Progress and key results at midterm**. The objective of the ECCD programme is to contribute to the survival and development rights of children under five years of age. Its main achievements included the establishment by the Government of a sustainable financing mechanism for immunization services and the signing of a Memorandum of Understanding with UNICEF on vaccine procurement, promising government financing of all vaccines by 2005. In the 2000 campaign, measles immunization reached 98 per cent of the targeted children and protection levels rose from 64 to 86 per cent. Polio eradication has been sustained and there have been no confirmed cases of measles since January 2002.

11. The Ministry of Health has officially endorsed the Integrated Management of Childhood Illness approach. In two districts, 84 per cent of personnel (doctors and nurse-midwives) have been trained, increasing the number of mothers receiving necessary advice in those districts from 70 to 91 per cent. A draft breastfeeding policy has been elaborated. The rate of exclusive breastfeeding in the sixth month has increased from 11 per cent in 1998 to 23 per cent.

12. One success of the children and youth development and participation programme has been the child trafficking project, which was not on the government agenda two years ago. The UNICEF Regional Office developed guidelines to protect the rights of child victims of trafficking in South-Eastern Europe, at the request of the Stability Pact Task Force on Trafficking in Human Beings and in collaboration with Governments, non-governmental organizations (NGOs) and international organizations. Improved national legislation and new action plans developed on the basis of these guidelines have contributed to, for example, the Albanian Government signing a bilateral agreement with the Government of Italy to collaborate on trafficking, and initiating official collaboration with the Government of Greece to repatriate unaccompanied minors.

13. Several legislative measures have been introduced that will improve the protective environment for children. The new Family Code has already been adopted, the Child Labour Law has been revised and the new Juvenile Justice Law awaits approval. New strategies to protect young people from HIV/AIDS have been prepared. Basic education models have been piloted and youth parliaments have met in all 12 prefectures.

14. The social policy and communication for development programme fostered successful innovative models of social businesses aimed at reintegrating vulnerable youth, for example the Youth Albania Professional Services which provides parcel delivery, cleaning and maintenance services, and which proved to be self-supporting and sustainable. The programme also supported a weekly national youth television programme that reached hundred of thousands of young people. The programmes produced by young people are among the most popular ones broadcast and result in concrete local and national action (for example, a school gymnasium was repaired instead of being closed down). Activities in collaboration with the Youth Parliament highlighted the need to augment the education budget and contributed to its being increased.

15. The programme also enhanced the national collection, disaggregation and dissemination of data that strengthened policy formulation for children, such as inclusion of immunization coverage and of financing of vaccinations by the Government (100 per cent by 2005), in the National Strategy for Social and

Economic Development (the national equivalent of a poverty reduction strategy paper).

16. **Resources used**. Of the total regular resources of $2,067,000 planned for 2001-2003, the actual allotment was $1,966,607, of which $1,924,394 was utilized as follows: $432,596 for the ECCD programme, $334,978 for the children and youth development and participation programme, $377,479 for the social policy and communication for development programme, and $779,341 for cross-sectoral costs.

17. Of the total other resources of $5,809,348 available for 2001-2003, $5,531,602 was utilized as follows: $763,547 for ECCD, $2,225,150 for the children and youth development and participation programme, $1,252,848 for the social policy and communication for development programme, and $1,290,057 for cross-sectoral costs.

18. **Constraints and opportunities affecting progress**. The slow pace of decentralization over the last few years has been a constraint to programme implementation, with the result that actions for children's rights and their access to services are not being fully realized at the local level.

19. The impact of government efforts to coordinate at the central level through mechanisms (such as task forces and interministerial committees) has yet to be fully felt in terms of structural changes in social service systems.

20. In the area of ECCD, the national priority has been to extend compulsory education from eight to nine grades, rather than to begin it earlier in kindergarten.

21. The National Strategy for Social and Economic Development proved to represent a real opportunity for bringing attention to children and women's issues. The updating of the Strategy will make it possible for UNICEF and the Government to continue the dialogue on prioritizing investment in children and youth. In addition, the Government's interest in meeting European Union standards for child welfare will increasingly represent a positive factor in social development planning.

22. Under the children and youth development and participation programme, the protection project has emphasized trafficking in recent years. The Youth Parliament has been very successful, but achieving government support for sustainability will take some time.

23. **Adjustments made**. The MTR concluded that a firm programmatic foundation had been established and no significant adjustments were considered necessary. In the area of education, it was decided to critically assess the current pilot projects in order to draw lessons that can inform the ongoing reform process, particularly in improving the quality of teaching and learning practices. There will be greater focus on policy development for child trafficking to ensure that a national plan is finalized. UNICEF has been requested to assist the Government in monitoring and implementing mechanisms that are established through the plan to prevent child trafficking.

Georgia

24. **Introduction**. As part of preparations for the MTR, the State Minister established a State Commission with responsibility to lead the process. Five sectoral working groups were created and five national consultants selected. Surveys and evaluations needed for the MTR were identified. An updated situation analysis was

conducted. Advisors from the Regional Office participated in an assessment of current programme achievements and assisted in preparing recommendations for the MTR. The process culminated with the MTR meeting, which was attended by the Prime Minister and a number of key ministers, and saw the active involvement of members of the United Nations system, particularly the United Nations Development Programme, the United Nations Population Fund and the World Health Organization.

25. The MTR also paid special attention to young people's participation. Georgia's young people's United Nations Association carried out two assessments using focused interviews with peers on the role of the youth centres and HIV/AIDS, and the effectiveness and appropriateness of youth centres. The results were presented at the MTR meeting and follow-up was directly initiated by the young people themselves.

26. Members of the Youth Parliament and representatives from rehabilitation centres for street children conducted a country-wide opinion poll on problems faced by young people 14–25 years old. The young investigators' team interviewed peers, and held discussions and working group meetings. They identified needed improvements in the areas of child protection and child development, which they presented to stakeholders who attended the MTR meeting.

27. **Update of the situation of children and women**. The new Government promises a better future but faces a legacy of corruption, low tax collection rates and persistent poverty affecting more than one half of the population. The economic collapse of the early 1990s has reversed, but economic activity remains at only 41 per cent of its 1990 level. Statistical data in Georgia are incomplete, but useful information is available.

28. The census of 2002 provided valuable new information on internally displaced persons (IDPs) and on children and women in conflict-affected areas. The findings show 180,000 IDPs, including 980 children aged 0-4 years, 6,654 aged 5-9 years, 17,786 aged 10-14 years and 16,712 aged 15-19 years. More than one third of IDPs live in "collective centres" - former hotels, hostels, schools, kindergartens, hospitals and abandoned houses. Health among IDPs is poor in general and particularly among those living in collective centres. Reports indicate that almost all IDP children are enrolled in schools, and that enrolment figures are similar to those of the local population.

29. Until recently, a number of political, economic and human resources constraints limited the ability of UNICEF to initiate and monitor effective programming in Abkhazia, South Ossetia and the Pankisi Valley. The current role of UNICEF in the conflict-affected areas is largely the provision of supplies for child immunization, although an expanded role is under consideration.

30. According to the Centre for Medical Statistics and Information (CMSI), early neonatal mortality in 1998 was 9.5 per 1,000 live births and 13.6 in 2002. At 46 per 100,000 live births (CMSI, 2002), Georgia's maternal mortality rate remains higher than the average for 1986-1990.

31. The proportion of households using iodized salt rose from about 8 per cent in 1996 to 67 per cent in 2003.

32. **Immunization coverage is good**. In 2002, coverage rates were 91 per cent for anti-tuberculosis vaccine; 84 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine, 89 per cent for three doses of oral polio vaccines, 99 per cent for measles vaccines and 51 per cent for hepatitis B vaccine. To promote sustainability, in 2003 the Government for the first time ensured procurement of 20 per cent of routine vaccines under the expanded programme on immunization (EPI) for children under two years of age, and 100 per cent of vaccine requirements for children aged 5 to 14 years.

33. The pre-school enrolment rate declined to 31 per cent in 2000-2001, according to a household survey by the State Department of Statistics. According to the Ministry of Education, there were 1,185 pre-school institutions in the same period, in contrast to 2,479 in 1990, a drop of more than 50 per cent. Families often do not send their children to pre-school because of insufficient financial resources, but nearly 40 per cent do not because of the lack of pre-schools or bad conditions in existing ones. State expenditure on education accounted for 2.3 per cent of GDP in 2001, with an increase to 3.5 per cent in 2002. Physical conditions in schools are so bad that full rehabilitation would cost more than 10 times the annual state expenditure on education as a whole. Teachers' salaries are now below the country's official poverty line.

34. The child-care system relies on institutions inherited at independence, which have proved very difficult to change. In 2002, 4,736 children lived in institutions (2,591 children with disabilities in 22 institutions and 2,135 able-bodied children in 21 other institutions). A survey by the State Department of Statistics in 2001 suggested that the total number of children with disabilities might be two to three times higher than the number registered.

35. In October 2003, the Committee on the Rights of the Child issued its observations on Georgia's second progress report on implementation of the Convention on the Rights of the Child. The Committee noted the adoption of the National Plan of Action (NPA) and some progress in changes to national legislation but also expressed concern about ineffective monitoring systems and insufficient fund allocations for the social sector. The Committee also referred to the issues of birth registration and insufficient care for children in institutions.

36. **Progress and key results at midterm**. The objective of the maternal and child well-being programme to increase full immunization coverage to 90 per cent throughout the country has been met at the national level, and Georgia was certified as polio-free in 2002.

37. The proportion of households using iodized salt increased eight-fold from 1997 to 2003. Because most of this increase happened recently, there is a lag in results for the associated objective of reducing iodine deficiency disorders (IDD) among children by 50 per cent. The most recent data show that the prevalence of IDD fell from 45 per cent in 1997 to 38 per cent in 2001.

38. The objective of a two-fold increase in the rate of exclusive breastfeeding for infants under four months is within reach. The "Baby-Friendly" Hospital Initiative has been expanded to 18 maternity houses, and 80 per cent of maternity houses have been trained in breastfeeding promotion and "baby-friendly" activities. Prevention of mother-to-child transmission of HIV/AIDS was added to the training module for the Initiative.

39. The objectives of the child development programme are to promote informal pre-school education and to improve the quality of basic education. Active learning was included in the teaching curriculum, and 27 schools now apply the methodology, which was integrated into the education reform programme funded by the World Bank. ECCD materials for children under three years of age were developed. The ECCD training package was incorporated into national curricula for training health personnel and teachers in 2003. Life-skills education has been designed for grades 1-9.

40. The programme on children in need of special protection aims to reduce the number of children in residential care and to improve the status of children in need of special care. Major results include a modification of the Law on Foster Care, adoption by Parliament of the Adoption Law, establishment of rehabilitation centres for 725 street and high-risk children, preparation of a training manual on administration of the juvenile justice system and the training of master trainers in law enforcement bodies.

41. The young people's health and development programme contributed to the development and approval of a national strategy for prevention of HIV/AIDS and the mobilization of $12 million from global funds for HIV/AIDS. Over 2,400 young people were trained in negotiation and presentation skills to support meaningful participation in the Youth Parliament and the activities of national and regional youth centres. Members of the Young People's Media Network received training and support in producing one-minute videos and in how to work as journalists.

42. The objectives of the social policy development programme were to contribute to social sector reform and social policy development, and to the development of the national database for better monitoring of progress under the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. A high-level awareness campaign in 2003 resulted in adoption of *DevInfo* as the national database tool, including by the Special Commission on Monitoring Millennium Development Goals, with support from the State Department of Statistics.

43. Major advocacy results included adoption of the NPA, adopted by Presidential Decree 384 on 8 August 8 2003; the training of 1,809 education, health and law enforcement professionals on the Convention on the Rights of the Child; the establishment of a Child Rights Centre at the Public Defender's Office in 2001; and the analysis of the situation of women and children in 2003.

44. **Resources used**. Of the total of $2,034,000 in regular resources planned for 2001-2003, $2,004,654 were used as follows: $284,000 for maternal and child well-being; $488,000 for child development; $437,000 for children in need of special protection; $227,000 for young people's health and development; $374,000 for social policy development; and $224,000 for cross-sectoral costs.

45. Of the total other resources of $4,590,000 available for the five-year programme cycle, $2,004,654 was utilized prior to the MTR, as follows: $764,748 for maternal and child well-being; $133,000 for child development; $105,000 for children in need of special protection; $28,003 for young people's health and development; $118,073 for social policy development; and $99,187 for cross-sectoral costs.

46. **Constraints and opportunities affecting progress**. UNICEF Georgia, in collaboration with the Government, provided vaccines and immunization supplies to areas of the country affected by conflict, but there is limited access to these areas. Limited funding was another obstacle preventing the full-scale implementation of activities in these areas.

47. Around 30 per cent of other resources remained unfunded during the first three years of the programme cycle. UNICEF is playing a key role in the preparatory process leading up to the donors' meeting planned for June 2004. To this end, the Government established a subgroup on "Investing in Children: Best Investment in Georgia's Future". Due to the low government budget, there were problems in achieving sustainability of the national immunization programme for 5-14-year olds. Child and youth participation activities and child protection projects (foster care, disabled children and street children) are not yet included in government programmes.

48. Progress towards the development of a policy framework and adoption of legislation by the Parliament was slower than expected due to recent political developments. Key legislation banning the importation of non-iodized salt is not yet in place. The situation analysis identified major data gaps that need to be addressed, especially the discrepancy between official and household survey data on infant mortality.

49. Key recommendations of the MTR and the preceding programme evaluations and studies included: the need to increase advocacy and support to the establishment of coordination mechanisms for intersectoral collaboration; the need for improved data collection and reliability, including the establishment of *DevInfo* as part of preparations for the Common Country Assessment and United Nations Development Assistance Framework; support for achievement of universal salt iodization and accreditation of all maternity hospitals as "baby friendly" by 2005; and enhanced results-oriented programming through mid-year and annual reviews.

50. **Adjustments made**. One of the most important and challenging tasks for the remaining period of the current programme is to remain focused on priority areas and to shift from dispersed pilot projects to support for policy-level initiatives.

51. Increasing the focus of the different interventions meant integrating or mainstreaming several projects and a reduction in some activities relating to the areas of improved care in children's institutions, promotion of the active learning methodology, and capacity-building and social mobilization for children's and women's rights. A new subproject on social planning and coordination will focus on mid-year and annual reviews, quarterly intersectoral review meetings and country programme planning.

52. To address problems of deficient data, a multiple indicator cluster survey is planned for 2005 and *DevInfo* will be implemented with government and United Nations partners. Special studies on infant mortality are included the office's updated integrated monitoring and evaluation plan (IMEP).

Turkey

53. **Introduction**. The MTR process, coordinated by the government's Child Intersectoral Board, started in March 2003. Intersectoral technical review teams assessed the country programme's three programme areas: early childhood care and

education; child and adolescent development and protection; and policy development and social mobilization. The MTR culminated in a one-day meeting in December attended by 160 participants from the Government, United Nations agencies, the World Bank, donors and NGOs, as well as children and young people. Subsequent meetings of the Child Intersectoral Board were held to reflect on the recommendations and future strategies.

54. Children who attended the MTR raised issues related to children in institutions and children on the streets. The highlight of the meeting was the attendance of the Prime Minister at the invitation of the child participants.

55. **Update of the situation of children and women**. Turkey expects to be given a date at the end of 2004 for opening negotiations on entry to the European Union, depending on the implementation of human rights reforms passed in 2002 and 2003. Following the 2002 elections, the new Government is working on meeting the "Copenhagen criteria" for entry into the European Union by fast-tracking legislative reforms, including the abolition of the death penalty. The new law on the use of languages other than Turkish has positive implications for the country's current reservations to articles 17, 29 and 30 of the Convention on the Rights of the Child. For the first time in Turkey, there are television broadcasts in minority languages.

56. The revised Civil Code, approved and passed by Parliament in 2001, guaranteed women equal rights to men. The minimum age for marriage was raised to 18 years, from 17 years for males and 15 years for females. Children born out of wedlock were given the same rights as those born within marriage. The two optional protocols to the Convention on the Rights of the Child were ratified by Parliament in 2002 and 2004 respectively.

57. The economy shrank by 7.5 per cent during the 2001 crisis, but recovered and grew by 7.8 per cent and 5.9 per cent in 2002 and 2003, respectively, with the help of a stabilization programme backed by the International Monetary Fund. Despite the recovery, the unemployment rate rose from 8.4 to 10.3 per cent in 2003, with the rate among young educated people in urban areas a disproportionate 34 per cent. The number of children in employment aged 12-17 years was 22 per cent lower in 2003 than in 2002, although this probably reflects a drop in work opportunities, rather than any sudden trend away from the use of child labour.

58. The glaring social and economic disparities between the east and west of the country continue to be a major concern. For example, the infant mortality rate (IMR), ranges from 31 per 1,000 live births in Antalya Province in the south-west, to 65 in Kars in the east. Such disparities are also reflected in literacy and school enrolment rates, as well as in economic data.

59. **Progress and key results at midterm**. The goals of reducing the IMR to 20 per 1,000 live births by 2005 (from a 1998 baseline of 45) and the under-five mortality rate (U5MR) to 27 per 1,000 live births (from 52 in 1998), proved unrealistic. According to current trends, IMR and U5MR would reach 35 and 41, respectively, by 2005. Some 56 per cent of births now take place in certified "baby-friendly" maternities. Immunization was identified as an area with considerable scope for improvement. While the elimination of polio was officially certified in 2002, the coverage rate for other antigens slipped to around 70 per cent. Participants at the MTR reiterated the need for a major effort to increase immunization coverage and create an impact on child survival. The programme is on track to eliminate IDD

among schoolchildren by 2005. A survey revealed that household consumption of iodized salt rose from 18 per cent in 1995 to 64 per cent in 2002.

60. The original goal to minimize gender and regional disparities in school enrolment and attendance was reformulated to focus on achieving gender parity in enrolment by the end of 2005. UNICEF advocacy contributed to affirmative action measures launched by the Minister of Education that increased cash incentives for poor girls to attend school in 2004. As part of the initiative, a free set of textbooks will be provided for the first time to primary-school students.

61. Effective partnerships with, and support from the media, as well as cash and in-kind contributions from the private sector, contributed considerably to getting 40,000 girls into school in 2003, the first year of the campaign. That still leaves a difference of 600,000 in the level of enrolment between boys and girls at primary level. The elimination of this gap is the main programme priority for 2004 and 2005.

62. A review of national legislation in the framework of the Convention on the Rights of the Child was carried out and work started on the development of a separate legal code for children. A shared understanding of restorative justice (avoiding court and criminal procedures and using instead visits by social workers and contacts with probation officers) was developed among professionals working in the field of juvenile justice. A child police unit was established in all 81 provinces and child rights commissions were established in 27 provinces.

63. In the area of policy development and social mobilization, the main achievements included the development of an NPA as a follow up to the Special Session on Children. The "Say Yes for Children" Campaign in 2002 garnered a massive 16 million pledges, the second highest number in the world. Significantly, the most popular pledge was "educate every child", which gives the girls' education campaign a special resonance in the country. Children's participation was promoted at every opportunity, especially through the annual Children's Forum which brings together children from all provinces. The Forum made a very substantive input to the development of the NPA.

64. UNICEF supported the Government in its response to four different earthquakes which caused loss of life and extensive damage. The strength of UNICEF in this area lies primarily in the area of psychosocial recovery. Prior to the 1999 earthquake, the Government had no capacity to respond to psychosocial trauma. UNICEF provided training that contributed to the establishment of a sustained independent capacity in the Special Education Directorate of the Ministry of National Education. This included several psychologists and a rapid response team resource network of about 2,000 people in government social services and academia who have already been trained by the master trainers.

65. **Resources used**. Of the regular resources of $2,556,000 allocated for 2001-2003, $2,543,000 was expended as follows: $549,000 for ECCD; $389,000 for child and adolescent protection and development; $717,000 for policy development and social mobilization; and $888,000 for cross-sectoral costs.

66. A total of $4,257,000 in other resources was planned for the same period, of which $3,927,000 (92 per cent) was utilized as follows: $3,330,000 for ECCD; $582,000 for child and adolescent protection and development; and $15,000 for policy development and social mobilization.

67. **Constraints and opportunities affecting progress**. The goal of reducing IMR from 40 to 20 per 1,000 live births (according to the 1998 Demographic and Health Survey (DHS)) and U5MR by 50 per cent of the 1998 level of 52 per 1,000 live births (DHS) was deemed too ambitious to achieve by 2005. However, Turkey has committed to the Millennium Development Goal of reducing U5MR by two thirds of 1990 levels (61 per 1,000 live births, according to the 1993 DHS) by 2015, meaning a U5MR of 20 by 2015. UNICEF will continue to support the achievement of this goal. During the MTR, the Government committed to address shortfalls in immunization coverage and increase EPI coverage levels to 90 cent per cent and measles vaccination coverage to 95 per cent.

68. Monitoring and evaluation were also identified as areas that needed improvement, from setting targets, to monitoring projects in the field, to more rigorously designed assessments and surveys. Useful results from UNICEF-sponsored research showed that if water was eliminated from the baby's diet, exclusive breastfeeding rates could reach 40 per cent. Accordingly, a rate of 40 per cent is the new target set for exclusive breastfeeding by 2005.

69. The design of a simple logo helped to attract the attention of the target audience for the girls' education campaign. The media was identified as a force for influencing both decision makers and public opinion, and as a powerful ally that needed to be cultivated even more than at present, in order to enhance prospects for reaching the priority goals.

70. The pace of project implementation slowed somewhat during 2003 as newly appointed officials at all levels of government came into office following the general elections and change of ruling party at the end of 2002.

71. **Adjustments made**. The MTR found that the country programme had too many targets that were not realistically achievable by end of 2005 and hence endorsed the following adjustments to the programme targets: (a) an exclusive breastfeeding rate of 40 instead of 80 per cent; (b) a usage rate of 90 per cent for iodized salt; (c) elimination of IDD among schoolchildren; and (d) gender parity in primary education in 50 provinces with the worst girls' enrolment rates. The target to reach 3 million families with messages and training on early childhood development was maintained, but with a revision of the strategy to increase coverage also through the mobilization of partnerships with private companies.

72. The MTR stakeholders agreed that two of the MTSP priorities — girls' education and HIV/AIDS, neither of which was fully articulated in the master plan of operations needed more resources. The proposal to develop and implement a scaled-up HIV/AIDS prevention programme for young people was endorsed. The MTR decided that capacity-building in the project on a regional approach to basic services should now focus on the collection of data on social indicators at the local level.

Major country programme evaluations

Cost-benefit analysis of flour fortification efforts in Kazakhstan

73. **Reasons for the evaluation**. Iron-deficiency anaemia is a major chronic public health problem in Kazakhstan. The country's 1995 DHS showed that among 3,684 women in a national sample, 1 per cent were severely anaemic, 11 per cent

moderately anaemic and 37 per cent mildly anaemic. An assessment of children younger than three years of age found that 6 per cent of them had severe anaemia, 34 per cent had moderate anaemia and 30 per cent had mild anaemia. Despite some improvement in socio-economic status, reflected in the 1999 DHS, Kazakhstan still ranks high among nations with iron-deficiency anaemia.

74. The pervasive impact of iron and folic acid deficiencies on survival, growth, health, mental development and productivity has been well documented. A recent survey in Kazakhstan indicated that more than one third of adult women and young children suffer from iron-deficiency anaemia, placing them at higher risk of death, stunted growth and retarded cognitive development.

75. UNICEF efforts to control iron-deficiency anaemia, starting in 2002, were complemented by a project supported by the Asian Development Bank (ADB) on improving the nutritional status of poor mothers and children in Asian countries in transition. The project's target was to reach one third of the population with fortified flour by the end of 2003. The ADB project prompted the initiation of flour fortification activities by the private sector and the establishment of a framework for their sustainability and further expansion.

76. **Design and methodology**. This cost-benefit analysis of a prospective investment outlines a strategic phased approach for mandatory universal flour fortification to combat iron and folic acid deficiencies. The methodology used a modified version of the well tested PROFILES calculator, a computer simulation model developed in 1994 by Barton Burkhalter and Jay Ross of the Academy for Educational Development (United States) with financial support from the United States Agency for International Development. In this externally validated protocol, impact is extrapolated from known causal analyses available in epidemiological and investment appraisal literature, thus avoiding the need to locally "reinvent the wheel".

77. The assessment covers national costs and benefits of adding iron and folic acid to flour over a 10-year period after the initiation of the project and net internal rates of return at a 5-per-cent rate of interest. Costs considered include public costs of creation of standards, legislation and enforcement, and private costs of training, equipment and supplies. Effects include the number of birth defects averted and deaths prevented. Benefits are assigned dollar values, including productivity gains from cognitive improvement, productivity in the blue collar and manual labour forces, and reductions in health costs associated with birth defects, surgery, hospitalization and clinic visits.

78. The overall assessment was conducted by an international consultant with the support of the Kazakh Academy of Nutrition and UNICEF. The findings of the assessment were presented to and thoroughly discussed by the National Food Fortification Steering Committee.

79. **Conclusions**. Providing additional iron and folic acid offers the possibility of averting 330 child deaths from birth defects, and 770 surgical interventions to ameliorate the consequences of birth defects, over 10 years. Reducing micronutrient and mineral deficiencies lowers health-care costs and increases the productivity of adult workers. Total financial benefits over 10 years would be about $170 million, and costs about $15 million, with net benefits of about $155 million.

80. Widespread consumption of bread and other wheat flour products indicates that fortification of flour with iron, folic acid and other vitamins and minerals can reduce birth defects, cognitive loss and also enhance labour productivity. With 4 million-6 million people suffering from iron-deficiency anaemia and millions more at risk, the flour production industry and its distribution infrastructure offer a sustainable channel to provide these nutrients to the entire Kazakh population, a task that cannot be achieved by the health system alone.

81. Under the project supported by the ADB, a special fortification formula ("KAP premix"), which includes iron, folic acid, zinc and such B-complex vitamins as thiamin, riboflavin and niacin, was developed. This assessment undertook a cost-benefit analysis for only two components of the KAP premix, iron and folic acid. Consideration of such other components as zinc and other vitamins would produce higher net benefit figures.

82. This summary of the cost-benefit analysis indicated that the annual costs of flour fortification would stabilize at $1.5 million after the initial investment phase (by 2010). Annual benefits would then be about $22 million. The break-even point would be reached in 2005, the second year of the programme.

83. The findings were discussed at various high-level meetings and as a result, a substantive article was added to the Law on Quality and Safety of Food Products for mandatory flour fortification. The draft law was approved by the Parliament in early 2004 and signed by the President of the Republic of Kazakhstan.

Rights-based education for tolerance and peace in the former Yugoslav Republic of Macedonia

84. **Reasons for the evaluation**. The "Same-Alike-Different" project was implemented between October 2002 and July 2003, spurred by the need to promote healing processes in ethnically mixed schools in areas previously affected by conflict. Activities facilitated jointly by external trainers and teachers included school-based, extra-curricular classes on life skills in mixed language groups, sports, training on interpersonal relations and such social activities as theatre and cinema visits and parties.

85. As the pilot period was only one year, the changes were not expected to be radical. The purpose was to find out whether there were any noted changes among majority ethnic Macedonian and minority ethnic Albanian and Roma children in ethnical stereotyping and their mutual acceptance as a result of their involvement in the "Same-Alike-Different" project. Improvements in mutual acceptance and decreases in stereotyping were presumed to translate into improved ethnic relationships and healing, and enhanced prospects for future stability.

86. An early evaluation was encouraged by the ongoing drafting of a national education reform programme. It was necessary to assess whether a project of this type could be adapted and integrated into the national reform process.

87. **Summary of design and methodology**. The purposive sampling procedure used in this evaluation of quantitative impact and qualitative project design may have biased some results, but was a necessary product of the project design itself. Most schools were not ready to bring together children from different ethnic groups to spend time and learn from each other. The schools that participated in the project

were ones which already had a higher degree of willingness to contribute to community healing processes and the re-establishment of social cohesion.

88. The parameters used to assess success were: strengthening of self-confidence; increased rates of interface with members of other ethnic groups; challenging of inter-ethnic stereotypes and acceptance in order to promote changes; and acquisition of knowledge and skills for conflict resolution.

89. Baseline and follow-up assessments were conducted with 152 parents and 217 children aged 10-11 years (grade 4) from four ethnically mixed schools. The children sampled included 45 ethnic Macedonian children, 109 ethnic Albanian children, 39 Roma children and 24 children from other ethnic groups in the country. (This last mixed group was not analysed further due to the small numbers of children in the sample.) The children in each school were from similar socio-economic backgrounds, but these differed between schools. There was also an independent ex-post assessment of the impact of the project on daily work in the classroom, conducted by focus group work with the 10 fourth-grade teachers involved. Interviews on the project's design were conducted with key informants.

90. The evaluation covered a somewhat limited sample of children, but significant verification of positive results from children is available through triangulation, using responses obtained from teachers and parents.

91. The evaluation was conducted by consultants from the implementing partner (Centre for Human Rights and Conflict Resolution) who had not participated in the implementation of the project activities. At the end of the pilot project, the findings were discussed with project participants and representatives of the Ministry of Education and Science.

92. This evaluation also contributed to an initiative launched by the Organization for Security and Cooperation in Europe on coordinating donors' efforts to improve the contribution of education to peace-building, in which UNICEF is playing a leading role.

93. The pilot project addressed the principle of non-discrimination. Teaching children in grade four to understand other ethnic groups and treat them with respect and dignity contributes to their development into responsible citizens who promote democratic values and principles of peace and tolerance. A national-level programme could contribute to psychological recovery and rebuilding of social cohesion.

94. **Conclusions**. Comparison of baseline and end-period project results showed different results for the different ethnic groups. Initially, most children had more favourable perceptions about their own ethnic group, but the Roma children had a negative self-image and more favourable opinions about the majority group than their own. By the end of the pilot project, the intensity of these prejudices had diminished in different ways for each of the three ethnic groups. The ethnic Macedonian children became more favourable towards others and the self-image of the Roma children improved. Children initially wanted to play only with their own group (92 per cent), but this improved by about 28 per cent.

95. These results were verified by triangulation with teachers' observations, which found that children were more able to resolve conflicts, used more positive language about other ethnic groups, and would play with them more often. Further verification came from triangulation with results from parents, who noted that children had new friendships, were more aware of the language, traditions and cultures of others, and spent more time with children of other ethnic groups.

96. Following the evaluation, the pilot phase was considered complete. Current national policy foresees breaking up segregated classes (in the former Yugoslav Republic of Macedonia, children learn in four different languages). The specific curricular activities to be included in the national programme will be the lowest-cost components of the pilot project: sessions on stereotypes and conflict resolution, which will be integrated into the life-skills programme, and on such mainstream subjects that do not require a lot of verbal communication as physical education, arts and music.

97. The Ministry of Education has established a team of experts to draft a 10-year education reform programme. Their first draft (June 2004) will include a chapter on this issue. Through dissemination of this evaluation and participation in policy formulation processes, this pilot project became an integral part of national reform processes.

98. A training package for teachers has been prepared by UNICEF and partners, based on the experiences of the project.

Prevention of child abandonment in maternity hospitals in Romania

99. **Reasons for the evaluation**. In the mid-1990s, preventing child abandonment in maternity wards was first used as a means to reduce the number of institutionalized children in Romania. Few programmes are focused on prevention, with improving child care in protection institutions the top priority. To date, preventing abandonment in the first place has received much less attention.

100. Prevention of child abandonment addresses the child's right to care by both parents. Contextual rights issues arise relating to the obligation of the State to step in to resolve cases of abandonment and the current frequent response of placing children in institutional care, rather than extending social service support to parents considering abandoning children for reasons of poverty or mental or physical incapacity.

101. Starting in 1999, UNICEF funded the establishment and operation of a number of counselling centres for mothers, located in maternity wards, which aimed at preventing child abandonment. Simultaneously, support was given for the development of community services which would help to prevent separation of the mother and child and neglect of the child.

102. **Summary of design and methodology**. A qualitative retrospective evaluation of the effectiveness of prevention of abandonment by offering counselling and social support, and of the appropriateness of the project design, was carried out in 11 maternity wards in the counties of Caras-Severin, Constanta and Vaslui, and in Medgidia and Bucharest.

103. All 11 counselling centres were visited. The key people interviewed were the directors of the implementing organizations, the project managers, the people directly involved in providing the services (hospital directors, head doctors and nurses and other representatives of the partner institutions), heads of departments and other employees of the County Department for the Protection of the Rights of the Child, mayors and the target group - mothers at risk of abandoning their newborn babies.

104. A semi-structured interview guide was used for collecting the data. Questions were specific to the roles of key people involved in the project. The evaluation collected and triangulated qualitative information on: the perceived reasons for implementation of the project; people who participated in the implementation of the project; the concrete operation of the centres and the content of the services provided; the involvement of each partner; the desired and obtained results; perceptions on the efficiency and effectiveness of the project in preventing child abandonment; and opinions and satisfaction of the mothers.

105. The evaluation was performed by an independent consultant with terms of reference developed by the child protection team of the UNICEF country office. Participants in the evaluation process were key individuals working in public institutions and NGOs.

106. **Conclusions**. It was found that in the maternity wards, services to prevent child abandonment focus on five categories of clients, each requiring different types of assistance:

(a) Mothers who run away from the hospital shortly after birth and leave their children behind. Usually, they come to give birth at the last moment, do not carry identification documents and are considered at high social risk. Locating them can prove to be difficult. Even when located, these mothers typically refuse counselling. They do not change their decision to abandon the child, which was made long before the child was born;

(b) Mothers who state that they want to give up the child, and perceive the baby as an "accident" which would "unrightfully" complicate their lives. They do not get close to the child, refuse to breastfeed and also refuse any attempt to receive counselling from social workers. Most of these mothers (often university students) come from well-to-do families. Their decision to abandon the child is strongly supported by their own mothers and sometimes by the doctors in the maternity wards. Social workers focus on reducing the time spent by the child in the hospital;

(c) Mothers who do not want to abandon their child, but do not have either the minimal living conditions or income to support the child. Temporary housing solutions are identified, as are linkages to community resources. These cases are usually monitored and child abandonment is usually prevented;

(d) Mothers at high social risk due to poverty, large numbers of children or lack of education. They are informed about their rights and family planning and other services they may use, in order not to have to abandon the child;

(e) Mothers with mental disabilities or other diseases, perhaps from special placement centres, who are homeless, have no incomes and no family. Many are well known to the hospitals. The children are often born with malformations.

107. No statistics on the numbers of children abandoned at birth or in paediatric departments of hospitals proved to be available. Almost all heads of obstetrics, gynaecology and neonatology departments "think" that frequency of child abandonment did not decrease following establishment of the counselling centres, but medical staff believe that the length of stay of abandoned children in maternities was reduced.

108. Prevention of child abandonment in maternity hospitals remains one of the most difficult goals for the reform of child protection and health systems in Romania. It was learned that preventing child abandonment cannot only be conducted in the maternity, as the decision to abandon the child is made by the pregnant woman, and externally supported, for several months prior to childbirth.

109. The findings prompted the country office to start an in-depth study of the causes of child abandonment, focusing on the entire maternity experience, from the start of pregnancy. A multisectoral working group is composed of professionals representing the National Authority for Child Protection and Adoption in the Ministry of Labour, Social Solidarity and Family, the Institute for Mother and Child Care in the Ministry of Health, the Sociology Department of the University of Bucharest, the International Foundation for Child and Family, Holt International and UNICEF. This follow-up study began in April 2004 and the results are expected at the end of September 2004.

Conclusions

110. All countries in the region have short-term, and 15 have long-term IMEPs. The annual reports of country offices in the region for 2003 listed 191 completed evaluations and studies. In 2003, 100 executive summaries of evaluations and studies completed in 2002 were published and distributed as stand-alone documents to share useful experiences and lessons learned. The executive summaries of evaluations and studies completed in 2003 will be published in 2004.

111. To strengthen the monitoring and evaluation function throughout the region, the Regional Office is supporting capacity development. Two subregional training workshops have been held, each attended by about 50 staff members from five offices. In most cases, heads of office also attended. Training capacities are being enhanced through partnership with the International Programme Evaluation Network, a network of Russophone evaluators.

112. Routine usage of the Programme Evaluation Standards, a quality control tool, is being promoted. The Regional Office is also supporting the use of standardized evaluation protocols that have been tested and validated by inter-agency specialist groups. Pre-existing standard protocols have been used in this region, generally in more than one country, to assess flour fortification (as described in the report from Kazakhstan above), salt iodization and immunization programmes.

113. In some new areas, standard protocols do not yet exist, for example for integrated early childhood development, child protection and the youth participation aspects of programmes for young people's health and development. The regional strategy is to create networks of staff working on similar issues to conduct peer reviews of evaluation protocols and results.

114. A multicountry regional evaluation of programmes promoting young people's participation is currently underway. This regional sub-emphasis of the MTSP is a frontier area for which scant documentation is available. Field work using a standardized protocol in seven countries will be followed by a workshop to draw together successes and examples of best practice. Young people have given leading roles in the evaluation process, including local adaptation of design. In the Republic of Moldova, for example, they have declared their intention to create a national network of young evaluators, present papers at professional conferences, evaluate other programmes (including those of UNICEF) and interact with networks of evaluation professionals in other countries.